

**MONTANA BEHAVIORAL INITIATIVE
MONTANA OFFICE OF PUBLIC INSTRUCTION
2010 AWARD NOMINATION FORM (CSCT)
COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT (CSCT) OF THE YEAR**

Comprehensive School and Community Treatment is a very intensive service designed for youth who are struggling with significant mental health challenges which impact functioning in two or more areas of their lives. CSCT provides a comprehensive, planned course of outpatient treatment in the school and community to youth and families coping with a serious emotional disturbance. Services include individual, group and family therapy as well as support from a behavioral intervention specialist.

NOMINATOR(S): *(Nominations may be made by an individual or a group: youth, parents, public school personnel or community members). Please indicate which of these categories describes you or your group. Names of nominators are appreciated but not required.*

ADDRESS OF NOMINATOR(S): _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **EMAIL** _____

NAME OF NOMINATED CSCT AND SCHOOLS(S) IN WHICH THIS CSCT IS PROVIDED

ADDRESS OF NOMINATED CSCT _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **EMAIL** _____

NAME OF LICENSED MENTAL HEALTH CENTER WHO PROVIDES THE CSCT PROGRAM, IF KNOWN: _____

CSCT TEAM STAFF: Name of licensed professional _____

Name of behavioral specialist _____

Describe why you believe this CSCT program deserves this reward. (Attach additional sheets, if necessary) _____

Please use the following MBI key indicators (noted in bold print) to describe/demonstrate this CSCT

Proactive Support System: Describe what your CSCT does well to provide therapeutic support to youth and families. Please describe how your CSCT collaborates with school staff. _____

Responsiveness of CSCT: Does the CSCT team respond to the youth and family outside of the school environment (in the home and/or community) when needed? Please describe. _____

Community Process/Collaboration: How effectively does your CSCT collaborate with other mental health professionals and providers in your community? How effectively does your CSCT collaborate with community agencies and community resources? Please describe. _____

Training:

Does your CSCT team participate in the MBI Summer Institute? (Check one box)

Yes ☐

No ☐

Unknown ☐

Does your CSCT team participate in continuing education? (Check one box)

Yes ☐

No ☐

Unknown ☐

Team:

Is your CSCT staff an active MBI team member in your school? (Check one box)

Yes ☐

No ☐

Unknown ☐

Evaluation:

Does the CSCT staff participate in MBI evaluation activities? (Check one box)

Yes ☐

No ☐

Unknown ☐